

## **Appendix E**

### **WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

Caution - Rad signs  
INEEL - 042-13 WAG2 - Warm Waste Pond Keep Out

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 8/10/00 am

**INSPECTOR:**

Neil Snyder Project Engineer WAG 2  
Printed Name Title Organization

**INSPECTOR:**

Val Seeley Project TASK LEAD WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: TRA-03
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION:  
TRA Warm Waste Pond (Sediments)

4. ROD LAND USE: Industrial land use
5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions:
- b. Warning Signs 18 Signs
- c. Fencing Main INEEL Gate
- d. Control of Activities ✓
- e. Comprehensive Land Use Plan ✓
- f. Property lease or transfer restrictions ✓
- g. Notice to affected stakeholders ✓

4 permanent  
granite Markers

4-Granite Markers /w/ Brass @ markers imbedded

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions:
- b. Warning Signs 18 Warning Signs
- c. Fencing Main Security Gate
- d. Control of Activities N
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) N/A

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ☒ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ☒ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Engineered Cover

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes - RAD Signs, Monumental Markers

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN \_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN \_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? Yes EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**


PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

None

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature Date 8/10/00

  
Inspector signature Date 8/10/00

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

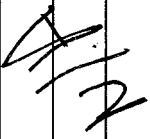
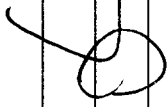
NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

See  
Appendix  
A1 C

# **INSPECTION REPORT FORM FOR REMEDIATED SITES** **TRA WARM WASTE POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN**

Annual Inspection of Warm Waste Pond

INSPECTION ACTIVITY	INSPECTOR SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>REVEGETATED AREAS</b>			
1. Inspect for nongrowth areas.		8/10/00	This is an engineered cover - No growth (Rip Rap)
2. Inspect for sparse growth areas.			
3. Inspect for weed encroachment.			
<b>RIPRAP BARRIER</b>			
1. Inspect for erosion areas.			
2. Inspect for subsidence areas.			
3. Inspect for biological intrusion.			
4. Inspect for effectiveness of surface water runoff.			
<b>PERIMETER OF RIPRAP BARRIER</b>			
1. Perform perimeter surface radiological survey.		8/8/00	

Printed Name of Inspector Val Seeley Photographs Taken ☒ Yes ☒ No

Qualification/Title \_\_\_\_\_

## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG-2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project Task LEAD WAG-2  
Printed Name Title Organization

1. WASTE SITE ID: TRA-06
2. GROUP NUMBER (if applicable): WAG-2
3. SITE DESCRIPTION:  
TRA Chemical Waste Pond (TRA-701)
4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions:
  - ☒ b. Warning Signs 8 Signs (Keep Out w/site name)
  - c. Fencing Main Gate
  - d. Control of Activities ✓
  - e. Comprehensive Land Use Plan ✓
  - f. Property lease or transfer restrictions ✓
  - g. Notice to affected stakeholders ✓



7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions:
- b. Warning Signs 2 each corner
- c. Fencing N/A Main Gate
- d. Control of Activities ✓
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions ✓
- g. Notice to affected stakeholders (if applicable) ✓
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_
- Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): N/A Native Cover
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?  
EXPLAIN Science & team moved 1/2 of cover
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes INFEEL, 012-13 WAG-2  
Chemical Waste Pond Keep Out
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? ✓ EXPLAIN \_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? ✓ EXPLAIN \_\_\_\_\_

4 corner  
brass  
marked

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? yes EXPLAIN Brass Corner
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? N/A LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

Bare spots on cover / Max weed Growth

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

Needs to be re-seeded

I certify that the above inspection report is true and accurate to the best of my ability.

Phil Snyser 8/10/00  
Inspector signature Date

Val Seelley 8/10/00  
Inspector signature Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix C</i>	

**INSPECTION REPORT FORM**  
**TRA CHEMICAL WASTE POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN**

Annual Inspection of Chemical Waste Pond Cover

INSPECTION ACTIVITY	INSPECTOR'S SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>REVEGETATED AREAS</b>			
1. Inspect for nongrowth areas.	VS	8/10/00	Reseed <del>80 spots</del> at weed growth
2. Inspect for sparse growth areas.			
3. Inspect for weed encroachment.			
<b>NATIVE SOIL COVER</b>			
1. Inspect for erosion areas.	VS	8/10/00	OK
2. Inspect for animal intrusion.			
3. Inspect for subsidence areas.			
4. Inspect for effectiveness of surface water runoff.			

Printed Name of Inspector Val Seeley Photographs Taken ☒ Yes ☐ No

Qualification/Title \_\_\_\_\_

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 8/10/00 am

INSPECTOR:

<u>Neil Snyder</u>	<u>Project Engineer</u>	<u>WAG-2</u>
Printed Name	Title	Organization

INSPECTOR:

<u>Val Seeley</u>	<u>Project Task LEAD</u>	<u>WAG-2</u>
Printed Name	Title	Organization

1. WASTE SITE ID: TRA-08

2. GROUP NUMBER (if applicable): WAG 2

3. SITE DESCRIPTION: TRA Cold Waste Disposal Pond  
(TRA-702)

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs \_\_\_\_\_
- c. Fencing ✓
- d. Control of Activities ✓
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders \_\_\_\_\_

body to put new sign

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: faded sign
- b. Warning Signs fenced w/gate sign @ gate
- c. Fencing
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ☒ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ☒ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): HA Excavation + Disposal  
Restrict land use
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? NO EXPLAIN Area is  
Only 1 sign located at the gate area. - completely  
Fenced
15. ARE REQUIRED SIGNS INTACT AND READABLE? NO EXPLAIN  
Construction Coordinator to replace sign

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? Y
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? Y LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE



**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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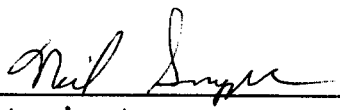
**IMPROVEMENTS:**

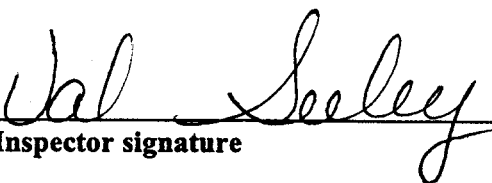
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

See  
Appendix  
C

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG 2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project Task Lead WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: TRA-13
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION:  
TRA Sewage Leach Ponds (2) by  
TRA-732
4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions:
  - b. Warning Signs 12 ~~Warning~~ Warning Signs
  - c. Fencing Main Gate
  - d. Control of Activities /
  - e. Comprehensive Land Use Plan /
  - f. Property lease or transfer restrictions /
  - g. Notice to affected stakeholders /

INTEL 04213 way 2 Sewage leach pond

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Keep Out

- a. Visible Access Restrictions:
- b. Warning Signs ✓ Has 16 signs
- c. Fencing Main Gate
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

4 Corner Brass Markers

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

Caution Underground Radioactive Materials

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Native Cover w/ IC's

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? yes

EXPLAIN Science Action Team mowed 3/4 of cover

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?

EXPLAIN yes

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN

4 Corners 2 Leach Keep Out

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN yes
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

None

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

Needs to be reseeded -  
Has weed growth

I certify that the above inspection report is true and accurate to the best of my ability.

Neil Smyth  
Inspector signature

8/10/00  
Date

Val Seely  
Inspector signature

8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix C</i>	

**INSPECTION REPORT FORM**  
**TRA SEWAGE LEACH POND, AS REQUIRED BY OU 2-13 OPERATION AND MAINTENANCE PLAN**  
Annual Inspection of Sewage Leach Pond Cover

INSPECTION ACTIVITY	INSPECTOR'S SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>REVEGETATED AREAS</b>			
1. Inspect for nongrowth areas.	V.S.	8/10/00	Based on photo Not Green
2. Inspect for sparse growth areas.			
3. Inspect for weed encroachment.			
<b>NATIVE SOIL COVER</b>			
1. Inspect for erosion areas.	[Signature]		DC
2. Inspect for animal intrusion.			
3. Inspect for subsidence areas.			
4. Inspect for effectiveness of surface water runoff.			
<b>PERIMETER OF SOIL COVER</b>			
1. Perform surface radiological survey.		8/8/00	

Printed Name of Inspector Val Seeley Photographs Taken ☒ Yes ☐ No

Qualification/Title \_\_\_\_\_



## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/02

INSPECTOR:

Neil Snyder ~~Lead~~ Project Engineer WAG 7  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project TASK LEAD WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: None
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION: Sewage Leach Pond Soil Contamination Area
4. ROD LAND USE: Restrict Occupational Access
5. CURRENT LAND USE: " "
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs ✓
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ☒ NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): Limited Action  
Restrict occupational access
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? Yes  
EXPLAIN Science Team moved cover
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? yes EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

Area has weed growth  
Needs re-seeded.

I certify that the above inspection report is true and accurate to the best of my ability.

Phil Surber 8/10/00  
Inspector signature Date

Val Seely 8/10/00  
Inspector signature Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix C</i>	

**INSPECTION REPORT FORM**  
**TRA SEWAGE LEACH POND AND SOIL CONTAMINATION AREA, AS REQUIRED**  
**BY OU 2-13 OPERATION AND MAINTENANCE PLAN**

Annual Inspection of Soil Contamination Area

INSPECTION ACTIVITY	INSPECTOR'S SIGNATURE	INSPECTION DATE	COMMENTS/RECOMMENDED REPAIR
<b>INSTITUTIONAL CONTROLS</b>			
1. Perform surface radiation surveys.		8/9/00	

Printed Name of Inspector Val Seeky

Photographs Taken ☒ Yes ☐ No

Qualification/Title \_\_\_\_\_

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 8/10/00

INSPECTOR:

<u>Neil Snyder</u>	<u>Project Engineer</u>	<u>WAG-2</u>
Printed Name	Title	Organization

INSPECTOR:

<u>Nal Seeley</u>	<u>Project Task Lead</u>	<u>WAG2</u>
Printed Name	Title	Organization

1. WASTE SITE ID: TRA -15
2. GROUP NUMBER (if applicable): WAG2
3. SITE DESCRIPTION:  
TRA Hot Waste Tanks 2,3,4 @ TRA 613  
(TRA-713B, 713C and 713D)
4. ROD LAND USE: Restrict Occupational Access
5. CURRENT LAND USE: Ind restricted
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions:
  - b. Warning Signs ✓
  - c. Fencing ✓ Inside TRA fence
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders \_\_\_\_\_

Caution / Rad Sign

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs yes

c. Fencing Roped-off

d. Control of Activities ✓

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

*Solid Waste  
Management  
Unit TRA-15*

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE  
(e.g., remedial design, construction, O&M): N/A Limited Action

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes  
in features of original cover)? NO  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN Yes \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE  
INSTITUTIONAL CONTROL CONTROLLED AREA? Yes EXPLAIN  
\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? Yes EXPLAIN  
\_\_\_\_\_



16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**


DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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---

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

*See  
Appendix  
C*

Was Warning Sign  
There

Inside Building

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG 2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project Task Lead WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: TRA-19

2. GROUP NUMBER (if applicable): WAG 2

3. SITE DESCRIPTION:  
TRA RAD Tanks 1 and 4 @ TRA 630,  
Replaced by Tanks 1, 2, 3, & 4 (TRA 730-1, 730-2, 730-3, 730-4)

4. ROD LAND USE: Restrict Occupational Access

5. CURRENT LAND USE: Restricted

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs /

c. Fencing /

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

worker protection Program

# RAD Signs

## 7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs

c. Fencing

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

## 8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

YES ☒ NO ☐

## 9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ☒ NO ☐

Provide Map Number(s) \_\_\_\_\_

## 10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

## COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): NA Limited Action

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NA  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN Yes

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? Yes EXPLAIN \_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? Yes EXPLAIN \_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

---

---

**IMPROVEMENTS:**


DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

---

---

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

See  
Appendix  
C



## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG 2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project TASK LEAD WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: None

2. GROUP NUMBER (if applicable): WAG-2

3. SITE DESCRIPTION: Brass Cap Area

4. ROD LAND USE: Restrict Occupational Access

5. CURRENT LAND USE: Restricted

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs       

c. Fencing       

d. Control of Activities       

e. Comprehensive Land Use Plan       

f. Property lease or transfer restrictions       

g. Notice to affected stakeholders

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs ✓
- c. Fencing Lined off Main Gate
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_
- Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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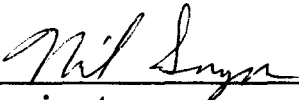
**IMPROVEMENTS:**

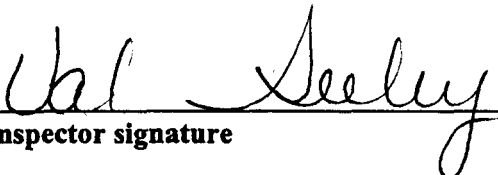
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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---

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

In  
Construction  
Areas  
Not Inspected

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG-2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project TASK lead WAG-2  
Printed Name Title Organization

1. WASTE SITE ID: NONE

2. GROUP NUMBER (if applicable): WAG-2

3. SITE DESCRIPTION:  
TRA PCB Spill @ TRA-619

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: \_\_\_\_\_

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs ✓

c. Fencing \_\_\_\_\_

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders \_\_\_\_\_

8/10/00 - In Construction Area  
Not inspected  
9/7/00 — In Construction Area

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:
- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ☒ NO ☐ *per photo*
9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ☐ NO ☐  
Provide Map Number(s) \_\_\_\_\_
10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): *No Action - Restrict land use*
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)?  
EXPLAIN *Construction Area - near by*
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? \_\_\_\_\_ EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE



**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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I certify that the above inspection report is true and accurate to the best of my ability.

Neil Szym 8/10/00  
Inspector signature Date

Val Seely 8/10/00  
Inspector signature Date  
9/7/00

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix A/C</i>	

8/10/00 Did this have  
RAD signs or just  
roped off.

## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG 2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project Task lead WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: NONE
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION: TRA PCB Spill @ TRA-626
4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders \_\_\_\_\_

9/7/00 Had signs

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions:
- b. Warning Signs ✓
- c. Fencing Roped off area
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

- 11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action - Restrict land use
- 12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NO  
EXPLAIN \_\_\_\_\_
- 13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN N/A
- 14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? \_\_\_\_\_ EXPLAIN  
N/A
- 15. ARE REQUIRED SIGNS INTACT AND READABLE? Yes EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN NA
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? N/A LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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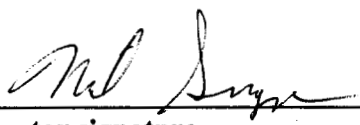
**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

---

---

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date  
9/7/00

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix C</i>	

## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

Neil Snyder Project Engineer WAG 2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project Task Lead WAG 2  
Printed Name Title Organization

1. WASTE SITE ID: None
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION: TRA PCB Spill @ TRA-653

4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs /
- c. Fencing \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders \_\_\_\_\_



2.  
ECS sign

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs

ECS Sign

c. Fencing

\_\_\_\_\_

d. Control of Activities

\_\_\_\_\_

e. Comprehensive Land Use Plan

\_\_\_\_\_

f. Property lease or transfer restrictions

\_\_\_\_\_

g. Notice to affected stakeholders (if applicable)

\_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

YES ☒ NO ☐

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ☐ NO ☒

Provide Map Number(s)

\_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action - Restrict land use

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? None

EXPLAIN

\_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?

EXPLAIN Yes

\_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? ☐ EXPLAIN

\_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? ☐ EXPLAIN

\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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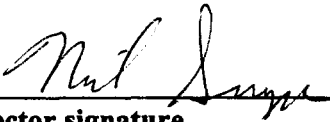
**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

---

---

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

See  
Appendix  
C

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 8/10/00

INSPECTOR:

<u>Neil Snyder</u>	<u>Project Engineer</u>	<u>WAG-2</u>
Printed Name	Title	Organization

INSPECTOR:

<u>Val Seeley</u>	<u>Project TASKlead</u>	<u>WAG2</u>
Printed Name	Title	Organization

1. WASTE SITE ID: TRA-04

2. GROUP NUMBER (if applicable): WAG 2

3. SITE DESCRIPTION:  
TRA Warm Waste Retention Basin  
Surficial sediments (TRA-712)

4. ROD LAND USE: Industrial

5. CURRENT LAND USE: Industrial

6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs \_\_\_\_\_
- c. Fencing \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders \_\_\_\_\_

locked Building  
entrance

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

a. Visible Access Restrictions:

b. Warning Signs N/A

c. Fencing N/A

d. Control of Activities \_\_\_\_\_

e. Comprehensive Land Use Plan \_\_\_\_\_

f. Property lease or transfer restrictions \_\_\_\_\_

g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

YES ☒ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ☒ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action - Restrict land use

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? N/A  
EXPLAIN \_\_\_\_\_

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN \_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN \_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? \_\_\_\_\_ EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? N/A LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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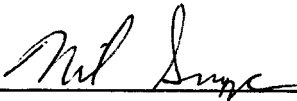
**IMPROVEMENTS:**

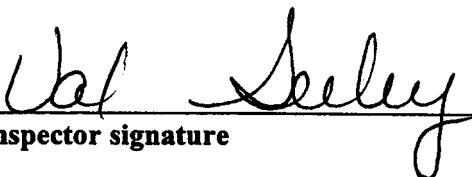
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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**I certify that the above inspection report is true and accurate to the best of my ability.**

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date



### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix C</i>	

**WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site**

DATE/TIME: 8/10/00

INSPECTOR:

<u>Neil Snyder</u>	<u>Project Engineer</u>	<u>WAG 2</u>
Printed Name	Title	Organization

INSPECTOR:

<u>Val Seeley</u>	<u>Project TASK LEAD</u>	<u>WAG 2</u>
Printed Name	Title	Organization

1. WASTE SITE ID: TRA-34
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION:  
TRA North Storage Area
4. ROD LAND USE: Industrial
5. CURRENT LAND USE: Industrial
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs       /
  - c. Fencing       /
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan       ✓
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- VCO new Item TRA001
- a. Visible Access Restrictions:
  - b. Warning Signs Yes - Soil Contamination Area
  - c. Fencing Roped off area
  - d. Control of Activities ✓
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions ✓
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): N/A No Action

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? no  
EXPLAIN Restrict land use

13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN Yes

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN \_\_\_\_\_

15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN \_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES: Osmy Plan

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**


PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

*See  
Appendix  
C*

## WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/00

INSPECTOR:

<u>Neil Snyder</u>	<u>Project Engineer</u>	<u>WAG 2</u>
Printed Name	Title	Organization

INSPECTOR:

<u>Val Seeley</u>	<u>Project Task Lead</u>	<u>WAG 2</u>
Printed Name	Title	Organization

1. WASTE SITE ID: None
2. GROUP NUMBER (if applicable): WAG 2
3. SITE DESCRIPTION: Hot Tree Site
4. ROD LAND USE: Industrial
5. CURRENT LAND USE:
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions:
  - b. Warning Signs                     ✓
  - c. Fencing
  - d. Control of Activities
  - e. Comprehensive Land Use Plan                     ✓
  - f. Property lease or transfer restrictions                     /
  - g. Notice to affected stakeholders

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs ✓ \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan ✓ \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders (if applicable) \_\_\_\_\_
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ✓ NO \_\_\_\_\_
9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ✓ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

COMMENTS:

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action / limited land use
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? NONE  
EXPLAIN \_\_\_\_\_
13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN yes \_\_\_\_\_
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? yes EXPLAIN \_\_\_\_\_
15. ARE REQUIRED SIGNS INTACT AND READABLE? yes EXPLAIN \_\_\_\_\_



16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? \_\_\_\_\_
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? \_\_\_\_\_
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? \_\_\_\_\_ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE

**DEFICIENCIES:**

PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

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**IMPROVEMENTS:**

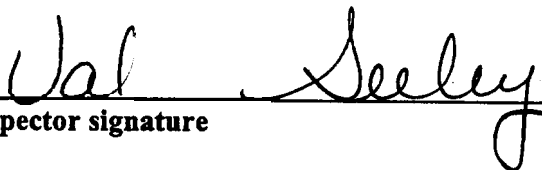
DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

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---

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature 8/10/00  
Date

  
Inspector signature 8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION

See  
Appendix  
A

# WAG 2 OU 2-13 Inspection Form for Institutional Controls at a Waste Site

DATE/TIME: 8/10/02

INSPECTOR:

Neil Snyder Project Engineer WAG-2  
Printed Name Title Organization

INSPECTOR:

Val Seeley Project Tasklead WAG-2  
Printed Name Title Organization

1. WASTE SITE ID: None
2. GROUP NUMBER (if applicable): WAG-2
3. SITE DESCRIPTION:  
Perched and Snake River  
Aquifer Groundwater
4. ROD LAND USE: Restrict drilling
5. CURRENT LAND USE: ✓
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:
  - a. Visible Access Restrictions: \_\_\_\_\_
  - b. Warning Signs \_\_\_\_\_
  - c. Fencing \_\_\_\_\_
  - d. Control of Activities \_\_\_\_\_
  - e. Comprehensive Land Use Plan \_\_\_\_\_
  - f. Property lease or transfer restrictions \_\_\_\_\_
  - g. Notice to affected stakeholders \_\_\_\_\_

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

- a. Visible Access Restrictions: \_\_\_\_\_
- b. Warning Signs \_\_\_\_\_
- c. Fencing \_\_\_\_\_
- d. Control of Activities \_\_\_\_\_
- e. Comprehensive Land Use Plan \_\_\_\_\_
- f. Property lease or transfer restrictions \_\_\_\_\_
- g. Notice to affected stakeholders (if applicable) \_\_\_\_\_

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?  
YES ☒ NO \_\_\_\_\_

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide Map Number(s) \_\_\_\_\_

10. PHOTO NUMBERS: Take photographs of each site, identify the date, time, location and compass orientation of each photograph in the attached photographic log.

**COMMENTS:**

- 11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE (e.g., remedial design, construction, O&M): No Action with Monitoring
- 12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e., excavation marks, changes in features of original cover)? N/A  
EXPLAIN \_\_\_\_\_
- 13. DO WARNING SIGNS CLEARLY IDENTIFY A HAZARD?  
EXPLAIN N/A \_\_\_\_\_
- 14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE INSTITUTIONAL CONTROL CONTROLLED AREA? N/A EXPLAIN  
\_\_\_\_\_
- 15. ARE REQUIRED SIGNS INTACT AND READABLE? N/A EXPLAIN  
\_\_\_\_\_

16. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? N/A EXPLAIN \_\_\_\_\_
17. ARE WORKERS IN RADIOLOGICALLY CONTROLLED AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
18. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
19. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A
20. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING INSTITUTIONAL CONTROL RESTRICTIONS IN PLACE? YES LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
DOE-ID-10626	Ground Water Monitoring Plan for Test Reactor Area Operable Unit 2-13

**DEFICIENCIES:**

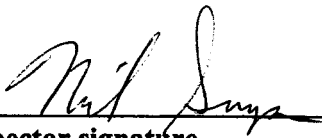
PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND THE EFFORTS OR MEASURES THAT HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS:

N/A

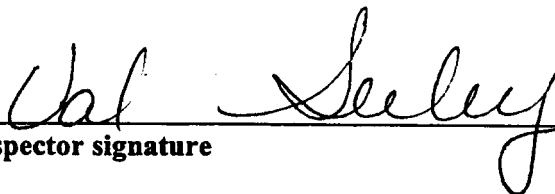
**IMPROVEMENTS:**

DESCRIBE ANY ADDITIONAL INSTITUTIONAL CONTROL REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION:

I certify that the above inspection report is true and accurate to the best of my ability.

  
Inspector signature

8/10/00  
Date

  
Inspector signature

8/10/00  
Date

### SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME OF DAY( if applicable): \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

ROLL NUMBER: \_\_\_\_\_ FILM TYPE: \_\_\_\_\_

NUMBER OF EXPOSURES: \_\_\_\_\_

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
	<i>See Appendix C N/A</i>	





## **Appendix F**

**Minutes from September 19, 2000  
WAG 2 Regional Project Manager Meeting**

**Conference Call  
September 19, 2000  
WAG 2**

Attendees:	Glen Nelson	DOE-ID (via telephone)
	Julie Sherwood	BBWI WAG 2 Project Manager
	Daryl Koch	IDEQ (via telephone)
	Rick Poeton	EPA Region 10 (via telephone)
	Neil Snyder	BBWI WAG 2 Project Engineer
	Val Seeley	BBWI System Engineer
	Gary Robinson	BBWI Environmental

Subject: Operations and Maintenance Plan

DOE-ID, EPA and IDEQ consensus was reached on the following items:

- ◆ OU 2-13 does not require the preparation and submittal of an Operations and Maintenance Report due to the nature of the remedial action taken at TRA and per the interpretation of the Remedial Design and Remedial Action Guidance for the Idaho National Engineering Laboratory (DOE/ID/12584-152 Rev 2). Instead of the Operational & Maintenance Report, an Institutional Controls Monitoring Report will be submitted annually for 5 years. During the five-year review, the schedule for preparation and submittal of future Institutional Control Monitoring Reports will be determined and documented (annually, every 5 years, etc.). "The Operations and Maintenance Plan for the Final Selected Remedies and Institutional Controls at Test Reactor Area, Operable Unit 2-13" DOE/ID-10658 Section 7 page 7-1 will be revised to replace "O&M Report" with "Institutional Controls Monitoring Report" in paragraph one and paragraph two.
- ◆ The new WAG 2 sites TRA-56 through 60 will remain designated as Operable Unit 2-14 because they were designated such in the signed New Site Identification Forms for each site. The DOE and Agencies will not develop an OU 2-14 RI/FS or ROD. The new WAG 2 sites will be incorporated into another WAG Comprehensive RI/FS or into an amendment to the OU 2-13 ROD. The ultimate decision of where these sites will be evaluated will be made in the Track 1 or Track 2 decision statements or cover letters when more information has been obtained regarding the potential risk at these sites.
- ◆ The fact that the new site identification form for TRA-61 will not be signed and that TRA-60 will remain a Track 2 investigation while TRA-56 through 59 will have a Track 1 performed was restated and all agreed.

- ◆ Signs not specifically required by the ROD or an institutional control plan may be removed from no action sites. The “No Action” sites at the WAG 2 will be surveyed and photographed and signs will be removed. These actions will be documented in the OU 2-13 Institutional Controls Monitoring Report.”

**DECISIONS:**

- 1) No Operations and Maintenance Report will be required for WAG 2.
- 2) Section 7 of the Operations and Maintenance (O&M) Plan will be revised
- 3) An annual Institutional Control Monitoring Report will be provided to the State of Idaho Department of Environmental Quality and the EPA Region 10.
- 4) The list of “No Action” sites in Table 4-1 of the OU 2-13 ROD, do not require institutional control sign. All signs at these sites may be removed.
- 5) New sites TRA 56 through TRA 59 will be Track 1 and TRA 60 will continue as Track 2.
- 6) The Scope of Work (SOW) and the Field Sampling Plan (FSP) will be revised with the caveat that implementation of the SOW and FSP related to TRA-56 through TRA-59 is contingent upon the outcome of the respective Track 1 evaluations. These documents will become final documents at the time of the revision.